Holland Hospital
PHYSICIAN OFFICES

Notice of Privacy Practice Acknowledgement

The uses and disclosure by this office of your Protected Health Information (PHI) are necessary and will be used by this office in connection with your treatment, our obtaining payment for treatment and services that this office provides to you, and so that this office can conduct its health care operations.

For a more complete description of how this office may use or disclose your Protected Health Information, definitions of the terms "treatment," "payment," and "health care operations," and a list of rights available to you, please carefully review our Notice of Privacy Practices Brochure.

Holland Hospital Physician Offices participate in an Organized Health Care Arrangement with the Bone & Joint Center and Western Michigan Urological Associates. The organized health care arrangements uses an integrated electronic medical record system. Participants in this integrated medical record system may use and disclose records for treatment, payment and health care operations purposes relating to their own patients, and as otherwise required by law or permitted by HIPAA, Including, if applicable, any information in my medical records relating to HIV INFECTION or ACQUIRED IMMUNODEFICIENCY SYNDROME (HIV/AIDS).

You have the right to review our Notice of Privacy Practices Brochure prior to signing this Acknowledgement Form.

BY SIGNING BELOW, YOU ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTAND THIS CONSENT AND THAT YOU HAVE BEEN OFFERED A COPY OF OUR NOTICE OF PRIVACY PRACTICES BROCHURE TO TAKE WITH YOU.

Please Print Patient Name	Date of Birth
Patient Signature	Date
Guardian Signature (if Minor)/Relationship to Patient	
Witness	